

CLAIMS ONLY							Application Number <i>10/840163</i>	Filing Date				
							Applicant(s)					
							* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend						
1							51					
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46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	<input type="checkbox"/>	<input type="checkbox"/>					Total Indep					
Total Depend	23						Total Depend					
Total Claims	24						Total Claims					